

NEEDS ASSESSMENT SURVEY FINDINGS FORM

| | | | |
|-----------------------|-------------------|------------------------|---------------------------------|
| Planning Area: | West Texas | HMAZ/LMAZ Area: | El Paso |
| BDTP: | F/MS | SUBPOPULATION: | Anglo/white women (1,12) |

| | # of surveys completed: 115 | |
|--|---|--|
| | Information from needs assessment surveys | Assessment |
| Risk Behaviors (13,15,16, 22,24,25, 26,27,28,29 30,33) | <ul style="list-style-type: none"> 30% reported two or more partners in the past year; 10% reported more than 3 partners in the past year. None of the F/MS Anglo/white women surveyed indicated they knew if any of their sex partners in the past year had HIV. 5% indicated that one of their sex partners in the past year had an STD other than HIV. 16% say they had been treated for an STD in the past year, and 2% have been treated multiple times for STDs in the past year. 8% reported engaging in anal sex. Of those engaging in anal sex, 80% reported almost never using a condom for anal sex. 68% almost never use a condom for oral sex. 33% almost never use a condom for vaginal sex. Locations indicated where Anglo/white F/MS women engaged in risky behaviors include: home [6%]¹, cars [4%], someone else's home [4%], and work [4%]. The top things Anglo/white F/MS women said they do to keep from getting HIV are (in order): only have sex with one partner [50%]¹, don't inject drugs [41], don't abuse alcohol or drugs [36%], use sometimes condoms [30%], and always use condoms [24%]. Survey respondents indicated a similar pattern of responses for protection against STDs. | <ul style="list-style-type: none"> A low proportion of the respondents reported they have engaged in sex with multiple partners. There is a low prevalence of HIV and STDs in the population based on the morbidity profile for this population. Reported condom use with anal sex is higher than that observed in the risk profile. Condom use for vaginal and oral sex indicated by survey respondents is similar to that reported in the risk profile. The locations where Anglo/white F/MS women indicated they engaged in risky activities were in both public and private locations. This should be kept in mind when trying to reach this population for prevention services. |

Numbers noted in parentheses () indicate questions number on the needs assessment survey which correspond to that category.

*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

¹ The bracketed number [x] indicates the proportion of respondents indicating that location (may add up to more than 100%).

² Information collected from the Counseling and Testing System for HIV positives, 1999-2000.

| | # of surveys completed: 115 | |
|-----------------------------|---|---|
| | Information from needs assessment surveys | Assessment |
| *Knowledge (9,11) | <p>Among Anglo/white F/MS women:</p> <ul style="list-style-type: none"> • 84% indicated that anal sex without a condom may increase a person's chance of getting HIV and 81% for getting STDs other than HIV. • 67% and 89% indicated that oral and vaginal sex without a condom, respectively, may increase a person's chance of getting HIV and 76 and 83%, respectively for getting STDs other than HIV. • 84% indicated that sex-trade work may increase a person's chance of getting HIV and 77% for getting STDs other than HIV. • 89% indicated that unprotected sex under the influence may increase a person's chance of getting HIV and 84% for getting STDs other than HIV. • 92% indicated sex with more than one partner may increase a person's chance of getting HIV and 88% for getting STDs other than HIV. • 90% indicated that injecting drugs and sharing works may increase a person's chance of getting HIV, 56% for getting STDs other than HIV. • 89% indicated that having sex with women may increase a person's chance of getting HIV and 78% for getting STDs other than HIV. • 81% indicated that engaging in sex with a woman who has engaged in risky behaviors may increase a person's chance of getting HIV and 79% for getting STDs other than HIV. • 76% indicated that blood transfusions may increase a person's chance of getting HIV, 30% for getting STDs other than HIV. • 80% indicated that needle sticks may increase a person's chance of getting HIV, 44% for getting STDs other than HIV. • 87% indicated that a being born to a mother with HIV may increase a person's chance of getting HIV and 70% for getting STDs other than HIV. | <ul style="list-style-type: none"> • Between 80 and 90% of the respondents showed good knowledge of HIV transmission routes. Generally, the responses indicate this community may have good knowledge of HIV transmission routes. The proportion of responses for STD questions are slightly lower than for HIV questions. |

Numbers noted in parentheses () indicate questions number on the needs assessment survey which correspond to that category.

*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

¹ The bracketed number [x] indicates the proportion of respondents indicating that location (may add up to more than 100%).

² Information collected from the Counseling and Testing System for HIV positives, 1999-2000.

| | # of surveys completed: 115 | |
|---|--|--|
| | Information from needs assessment surveys | Assessment |
| *Attitudes & beliefs (10,32,34) | <ul style="list-style-type: none"> On average, Anglo/white F/MS women indicated they strongly agreed that a person should tell their sex partner(s) if they have HIV or an STD whether they are using condoms or not. The top reasons Anglo/white F/MS women indicated they had sex without a condom are (in order): they trust their partner [43%]¹, condoms were not available [14%], they don't like condoms [11%], and drunk or high [10%]. 84% indicated they were not likely to get HIV, and 79% indicated they were not likely to get an STD. | <ul style="list-style-type: none"> The primary barrier to condom use indicated by respondents was partner trust. Considering the morbidity rates in this community, and the low risk behaviors indicated, the personal perception of risk may be realistic. |
| *Current communication skills (14) | <ul style="list-style-type: none"> 64% of the Anglo/white F/MS women who responded indicated they have talked about getting HIV with at some of their partners. 65% of the Anglo/white F/MS women who responded indicated they have talked about getting an STD other than HIV with at least some of their partners. | <ul style="list-style-type: none"> Greater than 60% of the Anglo/white F/MS women indicated they have discussed their risks for an STD or HIV with their partner. Since most women indicated it was important to discuss risks with their partners, this may suggest the need for additional communication skills in this sub-population. |
| *Social/peer support (17) | <p>When asked who they would tell if they had contracted HIV or an STD other than HIV, the following proportions of Anglo/white F/MS women indicated they would tell:</p> <ul style="list-style-type: none"> Their family; 95% for HIV, 60% for an STD. Their current partner(s); 94% for HIV, 81% for an STD. Their past partner(s); 97% for HIV, 72% for an STD. Their friends; 96% for HIV, 52% for an STD. | <ul style="list-style-type: none"> The majority of the respondents reported they would be comfortable telling family, friends and partners if they contracted HIV. The proportion indicating the same freedom of discussion about an STD infection was lower than for HIV. It should be noted that for friends, family, and former partners, the responses for HIV were significantly lower than for current partners for STD infections. |

Numbers noted in parentheses () indicate questions number on the needs assessment survey which correspond to that category.

*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

¹ The bracketed number [x] indicates the proportion of respondents indicating that location (may add up to more than 100%).

² Information collected from the Counseling and Testing System for HIV positives, 1999-2000.

| | # of surveys completed: 115 | |
|--|--|---|
| | Information from needs assessment surveys | Assessment |
| Testing history/need for testing (18-23) | <ul style="list-style-type: none"> 59% of survey respondents indicated they have tested for HIV in the past year. Of those who were tested, they tested an average of 1.5 times per year. The top reasons Anglo/white F/MS women indicated they have tested are (in order): part of routine care [35%]¹, had sex without using a condom [15%], and due to pregnancy [13%]. The reasons Anglo/white F/MS women indicated they have not tested was they don't think they are at risk [11%]¹, and don't want to know they have HIV [7%], not sexually active [4%]. 5% of those surveyed indicated they have tested positive for HIV. 54% of the respondents tested for an STD other than HIV in the past year. Those who tested did so an average of 1.4 times in the past year. 26% of the Anglo/white F/MS women who have tested for an STD in the past year indicated they have tested positive for an STD. 12% of those treated for an STD were treated multiple times in the past year. The top reasons cited for not testing for an STD was that they are not at risk [16%]¹, and were not sexually active [10%]. 13% of respondents indicated they have tested for Hepatitis A in the past year, 16% for Hepatitis B, 13% for Hepatitis C, and 26% tested for Tuberculosis. 16% of respondents who didn't test indicated they did not test because they did not believe they were at risk for those diseases and 16% indicated they had no symptoms. | <ul style="list-style-type: none"> Testing proportions for these respondents are moderate with 59% of this group testing each year. Those who test, do so an average of 1.5 times a year. Testing proportions may be appropriate for the risks and morbidity in this population. 35% of respondents indicated HIV testing as a preventive behavior, part of routine care and just wanted to know. A moderate proportion of the respondents indicated they tested for an STD in the past year (26%). Testing frequency, 1.4 tests per year, was similar to the number of partners indicated, 1.9 per year. Up to 25% of this sub-population respondents indicated they have been tested for other diseases in the past year. |
| Prevention services currently accessed (19,21) Note: For testing, community-based organizations | <ul style="list-style-type: none"> The top locations Anglo/white F/MS women go for an HIV test are (in order): family planning clinic [27%]¹, doctor's office [10%], and hospital [8%]. The top locations Anglo/white F/MS women go for an STD test are (in order): family planning clinic [24%]¹, doctor's office [16%], and hospital [6%]. 12% of respondents indicated barriers in their community to seeking prevention services. Barriers identified include: don't have HIV or STD prevention program in their community, my family | <ul style="list-style-type: none"> The primary locations identified by survey respondents for HIV testing and STD diagnosis and treatment were doctor's offices, corrections, and public clinics. None of the respondents indicated barriers to accessing services. A wide variety of |

Numbers noted in parentheses () indicate questions number on the needs assessment survey which correspond to that category.

*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

¹ The bracketed number [x] indicates the proportion of respondents indicating that location (may add up to more than 100%).

² Information collected from the Counseling and Testing System for HIV positives, 1999-2000.

| | # of surveys completed: 115 | |
|---|--|---|
| | Information from needs assessment surveys | Assessment |
| and corrections were not provided as a response option. | <p>or friends might find out, the clinics or programs are too crowded or the wait for services is too long, the kind of programs needed are not offered, don't know where to go for services, have to go to different locations for the services needed, don't have transportation, and the hours of operation are inconvenient.</p> <ul style="list-style-type: none"> The top locations where Anglo/white F/MS women have gotten HIV and STD information are (in order): other health clinics [20%]¹, public health clinics [18%], community-based organizations [16%], drug treatment centers [15%], and health care providers [15%]. The top locations where Anglo/white F/MS women have gotten information on HIV and STDs that has helped them are (in order): other health clinics [24%]¹, public health clinics [20%], health care providers [16%], schools [15%], drug treatment centers [12%]. | <p>barriers were identified, including confidentiality, lack of programs and transportation issues.</p> <ul style="list-style-type: none"> The primary sources of HIV and STD information reported by the survey respondents were through private health care providers, public clinics, community-based organizations, and drug treatment centers. The most useful information was from schools, private providers, public clinics, drug treatment centers, and community-based organizations. |
| Prevention needs (35-39) | <ul style="list-style-type: none"> For those Anglo/white F/MS women indicating they wanted to know more to help protect them from acquiring HIV, the following activities were requested (in order): basic information on HIV/STDs [43%]¹, how to have safe sex [37%], how to talk with partners about using condoms [19%], how to use a condom [13%], and drug abuse counseling and treatment [3%]. Primary locations where Anglo/white F/MS women indicated they would get information on HIV and STDs in the future are (in order): other health clinics [55%]¹, community-based organizations [55%], health care providers [52%], drug treatment centers [49%], and health fairs [44%]. Primary locations where Anglo/white F/MS women indicated they would NEVER get information on HIV or STDs in the future are (in order): bars [37%]¹, bath houses [36%], work [35%], church [34%], and shelters [30%]. | <ul style="list-style-type: none"> Basic information on HIV/STDs, how to have safe sex, and communication skills and lead the activities wanted by Anglo/white F/MS women. Anglo/white F/MS women indicated a wide range of settings where they would access HIV and STD prevention services including primary care providers, community based organizations, public clinics, health fairs, and drug treatment centers. The primary locations where Anglo/white F/MS women would NEVER seek HIV or STD prevention messages are bars, work, bathhouses, shelters, and church. |

Numbers noted in parentheses () indicate questions number on the needs assessment survey which correspond to that category.

*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

¹ The bracketed number [x] indicates the proportion of respondents indicating that location (may add up to more than 100%).

² Information collected from the Counseling and Testing System for HIV positives, 1999-2000.

| | # of surveys completed: 115 | |
|--|---|--|
| | Information from needs assessment surveys | Assessment |
| Specific Information about HIV⁺ from HIV⁺ risk profiles | <p>Statewide for all HIV positive Anglo/white F/MS women²:</p> <ul style="list-style-type: none"> • 57% of F/MS Anglo/white women HIV positive individuals indicated they never used a condom for anal sex, 50% for vaginal sex, and 76% for oral sex. • 14% indicated an STD diagnosis in the past year. • 41% indicated more than 1 sex partner in the past year. • 14% indicated some sex trade work in the past year, primarily selling sex. • 66% indicated substance use with sex in the past year. • 54% indicated their partners were at risk, and nearly 37% indicated their partners had multiple partners. • The top drugs used during sex were: alcohol [43%]¹, marijuana [33%], and cocaine [28%]. <p>For all HIV positive F/MS women in El Paso²:</p> <ul style="list-style-type: none"> • No condom use information is available on HIV positive F/MS women in El Paso due to small numbers of responses. • 25% indicated an STD diagnosis in the past year. • 75% indicated they had more than 1 partner in the past year. • None of the HIV positive F/MS woman indicated selling sex in the past year. • 75% indicated substance use with sex in the past year. • 33% indicated their partner was at risk, and 100% indicated their partners had multiple partners. • The top drugs used during sex were: cocaine [75%]¹, alcohol [50%], and marijuana [25%]. | <ul style="list-style-type: none"> • The proportion of Anglo/white F/MS women positives reporting never using a condom for oral sex and is lower among HIV positive individuals than indicated by the respondents to the needs assessment survey. The respondents to the needs assessment survey indicated lower condom use for anal sex than was reported in the risk profile for positives. • The proportion of HIV positives with a recent STD diagnosis is significant, one to three in ten positives having an STD in the past year. This is particularly troublesome considering the high proportion (over 40%) with multiple sex partners in the past year. • HIV positive F/MS Anglo/white women indicated a moderate to moderate perception of their partner's risk (54% statewide, and 33% for all F/MS women in the area). One-third to 100% of the positives indicated their partner had multiple partners. • The drugs of choice for HIV positives are alcohol, marijuana, and cocaine. |
| Other | | |

Numbers noted in parentheses () indicate questions number on the needs assessment survey which correspond to that category.

*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

¹ The bracketed number [x] indicates the proportion of respondents indicating that location (may add up to more than 100%).

² Information collected from the Counseling and Testing System for HIV positives, 1999-2000.